

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County DeWitt
Township Howard
City St. Louis

Registration District No. 309
Primary Registration District No. 5434

File No. 24072
Registered No. 47
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jasper Milligan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1854
7. AGE YEARS 80 MONTHS 5 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done; as planer, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartsville Mo

13. NAME William Roten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Mary J. Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) W. H. Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Walton's Cem. DATE July 23, 1934

19. UNDERTAKER (ADDRESS) Brown Bros.

20. FILE NO. Reg. 4 1934 W. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

22. I HEREBY CERTIFY, that I attended deceased from July 22, 1934 to July 22, 1934
I last saw him alive on July 22, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal degeneration
due to heart and blood vessel
and degeneration of food
1934

Other contributory causes of importance: Chronic Bright's Disease

Name of operation none Date of _____
What test confirmed diagnosis? autopsy

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Louis H. Loring, M. D.
(Address) Denver Colo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

